

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

07

09

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		11950.90
(b) Cash on Hand at Beginning of Reporting Period	1744.96	
(c) Total Receipts (from Line 19)	57352.00	350159.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59096.96	362110.16
7. Total Disbursements (from Line 31)	51394.61	354407.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7702.35	7702.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50550.00	239845.00
(i) Itemized (use Schedule A)	1747.00	89443.17
(ii) Unitemized	52297.00	329288.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	5055.00	16851.73
(c) Other Political Committees (such as PACs)	57352.00	346139.90
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2256.14
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57352.00	350159.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57352.00	350159.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33909.09	240837.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	33909.09	240837.33
22. Transfers to Affiliated/Other Party Committees.....	5000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	12485.52	93570.48
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	12485.52	93570.48
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	51394.61	354407.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	51394.61	354407.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	57352.00	346139.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57352.00	346139.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33909.09	240837.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2256.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33909.09	238581.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 26

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

AstraZeneca PAC

Mailing Address Gerard Levesque
1800 Concord Pike

City State Zip Code
Wilmington DE 19850

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC

Occupation
FEC ID: C00279455

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70706.C165813

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Divito

Mailing Address 610 Main Street

City State Zip Code
Brewster MA 02631-1035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70706.C165814

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Patricia Cuddemi

Mailing Address 12 Centennial Ave.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70613.C165764

Amount of Each Receipt this Period

5.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5055.00

TOTAL This Period (last page this line number only)

5055.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Jack Barron Mailing Address 11 Sadie Hutt Lane City Southborough State MA Zip Code 01772 FEC ID number of contributing federal political committee. C Name of Employer Primarque Products Co. Occupation Sales Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Transaction ID: 70613.C165778 Amount of Each Receipt this Period 500.00 Receipt
B. Full Name (Last, First, Middle Initial) Martin Begien Mailing Address 407 Warren Street City Brookline State MA Zip Code 02445 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7 Transaction ID: 70613.C165779 Amount of Each Receipt this Period 1000.00 Receipt
C. Full Name (Last, First, Middle Initial) John Connaughton Mailing Address 170 Otis St. City Newton State MA Zip Code 02465 FEC ID number of contributing federal political committee. C Name of Employer Bain Capital Occupation Investment Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7 Transaction ID: 70613.C165797 Amount of Each Receipt this Period 15000.00 Receipt

SUBTOTAL of Receipts This Page (optional)

16500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. John Connaughton

Mailing Address 170 Otis St.

City State Zip Code
 Newton MA 02465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bain Capital

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 7

Transaction ID: 70706.C165819

Amount of Each Receipt this Period

-5000.00

Memo

[MEMO ITEM]

J. Connaughton, transfer
of excess contribution fr-
om fed to

Full Name (Last, First, Middle Initial)

B. Theodore Benard Cutler

Mailing Address 33 Commonwealth Ave.

City State Zip Code
 Boston MA 02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Interface Group

Occupation
Travel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 70613.C165780

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City State Zip Code
 Newton MA 02468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 70613.C165787

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

George Hoguet

Mailing Address 17 Chesam Rd.

City State Zip Code
 Brookline MA 02146

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Street Global Advis-
ors

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 70613.C165774

Amount of Each Receipt this Period

2000.00

Receipt

B. Full Name (Last, First, Middle Initial)

Michael Jake Jacobson

Mailing Address 16 Highland Ave.

City State Zip Code
 Cambridge MA 02139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacobson Group LP

Occupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: 70613.C165758

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Ronald Kaufman

Mailing Address 401 Sixth Street, SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Dutko Group

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: 70613.C165769

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Caleb Loring Mailing Address P.O. Box 235 City State Zip Code Prides Crossing MA 01965 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1250.00		Date of Receipt MM / DD / YYYY 06 / 12 / 2007 Transaction ID: 70613.C165796 Amount of Each Receipt this Period 1000.00 Receipt
B. Full Name (Last, First, Middle Initial) Michael Loucks Mailing Address 100 Fulton Street #5V City State Zip Code Boston MA 02109 FEC ID number of contributing federal political committee. C Name of Employer Department of Justice Occupation Federal Prosecutor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 2000.00		Date of Receipt MM / DD / YYYY 06 / 20 / 2007 Transaction ID: 70706.C165808 Amount of Each Receipt this Period 1000.00 Receipt
C. Full Name (Last, First, Middle Initial) Robert Maginn Mailing Address 90 Raymond Street City State Zip Code Cambridge MA 02140 FEC ID number of contributing federal political committee. C Name of Employer Jenzabar Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 04 / 2007 Transaction ID: 70613.C165756 Amount of Each Receipt this Period 1000.00 Receipt

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Frederick Muzi

Mailing Address 10 Powisset St.

City State Zip Code
Dover MA 02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 70614.C165800

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)

Rodger Nordblom

Mailing Address 200 Barnes Hill Rd.

City State Zip Code
Concord MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nordblom Company

Occupation
Real Estate Develop.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70706.C165809

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Ann Romney

Mailing Address 171 Marsh St.

City State Zip Code
Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 70613.C165795

Amount of Each Receipt this Period

10000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mimi Sundstrom

Mailing Address 66 Allerton Rd.

City

Milton

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Student

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: 70613.C165775

Amount of Each Receipt this Period

750.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

50550.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Cambridge Offset Printing

Mailing Address 56 Creighton Street

City
Cambridge

State
MA

Zip Code
02140-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9814

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1462.13

PRINTING

B. Csx Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City
Boston

State
MA

Zip Code
02127-

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.00

STORAGE

C. Conference Call Conference Call.

Mailing Address 1445 MacArthur Dr.
Suite 214

City
Carrollton

State
TX

Zip Code
75007-

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9816

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.89

CONFERENCE CALLS

SUBTOTAL of Disbursements This Page (optional)

1959.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Crowne Plaza Natick

Mailing Address 1360 Worcester Rd.

City Natick State MA Zip Code 01760-

Purpose of Disbursement
ROMM RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9830

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

380.12

ROMM RENTAL

Full Name (Last, First, Middle Initial)

B. Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City Brookline State MA Zip Code 02445-

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9818

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

495.00

ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial)

C. DirecTV DirecTV

Mailing Address PO Box 60036

City Los Angeles State CA Zip Code 90060-0036

Purpose of Disbursement
CABLE SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9823

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

144.90

CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional)

1020.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Kirk Dobson

Mailing Address 1209 Boylston St.

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
REIMBURSEMENT FOR FOOD AND TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

REIMBURSEMENT FOR FOOD AND TRAVEL

Full Name (Last, First, Middle Initial)

B. Garage Government Center

Mailing Address 50 New Sudbury Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
PARKING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1280.00

PARKING

Full Name (Last, First, Middle Initial)

C. Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70613.E9772

Date of Disbursement

/ /

Amount of Each Disbursement this Period

258.15

INSURANCE

SUBTOTAL of Disbursements This Page (optional)

1888.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. The Hampshire House

Mailing Address 84 Beacon St.

City
Boston

State
MA

Zip Code
02108-

Purpose of Disbursement
EVENT CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9825

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1493.69

EVENT CATERING

Full Name (Last, First, Middle Initial)

B. Bruce Harrison

Mailing Address 101 Elm St

City
Wakefield

State
MA

Zip Code
01880-

Purpose of Disbursement
PAYROLL - ADMINISTRATION SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

PAYROLL - ADMINISTRATION
SERVICE

Full Name (Last, First, Middle Initial)

C. Bruce Harrison

Mailing Address 101 Elm St

City
Wakefield

State
MA

Zip Code
01880-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)

2513.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9817

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1849.23

HEALTH INSURANCE

Full Name (Last, First, Middle Initial)

B. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement
REIMBURSEMENT FOR TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9813

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

100.00

REIMBURSEMENT FOR TRAVEL

Full Name (Last, First, Middle Initial)

C. mindShift Technologies, Inc.

Mailing Address PO Box 200105

City Pittsburgh State PA Zip Code 15251-

Purpose of Disbursement
COMPUTER NETWORK SYSTEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9826

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

1596.00

COMPUTER NETWORK SYSTEM

SUBTOTAL of Disbursements This Page (optional)

3545.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. NBM Northern Business

Mailing Address 24 Terry Avenue

City
Burlington

State
MA

Zip Code
01803-

Purpose of Disbursement
COPY MACHINE SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.93

COPY MACHINE SERVICES

Full Name (Last, First, Middle Initial)

B. Communication Inc OBrien

Mailing Address PO Box 659

City
Wrentham

State
MA

Zip Code
02093-

Purpose of Disbursement
PHONE SYSTEM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

375.00

PHONE SYSTEM

Full Name (Last, First, Middle Initial)

C. Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
RENT AND UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6232.22

RENT AND UTILITIES

SUBTOTAL of Disbursements This Page (optional)

7008.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70709.E9845

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

3695.00

RENT

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City Boston State MA Zip Code 02266-

Purpose of Disbursement
PAYROLL SERVICE CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70613.E9779

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

207.24

PAYROLL SERVICE CHARGE

Full Name (Last, First, Middle Initial)

C. Paychex/InterPay

Mailing Address PO Box 8295

City Boston State MA Zip Code 02266-

Purpose of Disbursement
PAYROLL-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70618.E9799

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

4083.10

PAYROLL-TAXES

SUBTOTAL of Disbursements This Page (optional)

7985.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL SERVICE-401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9800

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

150.00

PAYROLL SERVICE-401 K

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9839

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

4083.10

PAYROLL-TAXES

Full Name (Last, First, Middle Initial)

C. Boston Postmaster

Mailing Address JW MCCORMACK STATION
 New Chardon Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
POSTAGE-GENERAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9820

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

820.00

POSTAGE-GENERAL

SUBTOTAL of Disbursements This Page (optional)

5053.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. SCM Associates

Mailing Address Steve Meyers
PO Box 720

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement
DIRECT MAIL AND TELEMARKE-

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9828

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

2547.47

DIRECT MAIL AND TELEMARKE-
TING

Full Name (Last, First, Middle Initial)

B. Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9821

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

243.89

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
REIMBURSEMENT FOR FLOWERS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9832

Date of Disbursement

06 / 18 / 2007

Amount of Each Disbursement this Period

115.99

REIMBURSEMENT FOR FLOWERS

SUBTOTAL of Disbursements This Page (optional)

2907.35

TOTAL This Period (last page this line number only)

33880.05

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
J. CONNAUGHTON TRANSFER OF EXCESS CONTR

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9833

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Kirk Dobson

Mailing Address 1209 Boylston St.

City
BostonState
MAZip Code
02215-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	7

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

B. Kirk Dobson

Mailing Address 1209 Boylston St.

City
BostonState
MAZip Code
02215-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9835

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	7

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

C. Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2951.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9836

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

Full Name (Last, First, Middle Initial)

B. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City
North QuincyState
MAZip Code
02171-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	7

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

C. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City
North QuincyState
MAZip Code
02171-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9837

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	7

Amount of Each Disbursement this Period

1236.59

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4497.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2563.68

PAYROLL

Full Name (Last, First, Middle Initial)

B. Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70618.E9798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

C. Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9838

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5036.86

TOTAL This Period (last page this line number only)

12485.52

Image# 27930872797

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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